



**TERMS AND CONDITIONS:** Installation and maintenance of said facilities on the road right-of-way shall be subject to the following terms and conditions:

(A) Installation, maintenance, relocation, and removal of said facilities on the road right-of-way shall be done in a manner satisfactory to and subject to supervision by the County Road Superintendent for the Grant County Roads & Bridges Department.

(B) Grant County shall not be liable for damage to said facilities resulting from construction, reconstruction, expansion, alteration, maintenance, replacement and repair of the road. Applicant shall hold the County harmless for injury to persons or damage to property resulting from the location of said facilities on road right-of-way.

(C) Applicant shall repair or replace road structures and appurtenances, and any existing facilities located on, over or under the road right-of-way, which may be damaged as a result of the installation and maintenance of said facilities on the road right-of-way.

(D) Applicant shall promptly remove said facilities from the road right-of-way or shall relocate or adjust said facilities at its sole cost and expense when requested to do so by the County.

(E) All installation and maintenance of said facilities shall comply with the Grant County Planning & Zoning ordinances

(F) No construction shall be permitted to cross any county roadway without prior authorization from The Grant County Planning & Zoning Board and Commissioners. All facilities must be bored beneath all paved and gravel surfaces at a minimum depth of 4 feet below the ditch bottom.

(G) All electric power, cable television, telephone services, gas and water lines shall be to Engineering Standard (if applicable) or a minimum of 4' deep from the lowest point in ditch, and placed in conduit with proper signage.

(H) Signs must be placed at far side of ditch; and purchased from county (2) one on each side.

ANTICIPATED START DATE: \_\_\_\_\_ PROJECTED DATE OF COMPLETION: \_\_\_\_\_

I HEREBY CERTIFY I AM THE OWNER OR AUTHORIZED AGENT OF THE ABOVE DESCRIBED PROPERTY. TO THE BEST OF MY KNOWLEDGE ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT THE PROJECT WILL CONFORM TO ALL OF THE GRANT COUNTY ZONING REGULATIONS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY**

PLANNING AND ZONING: APPROVED \_\_\_\_ DENIED \_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PLANNING AND ZONING DIRECTOR: \_\_\_\_\_

COUNTY COMMISSION: APPROVED \_\_\_\_ DENIED \_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF CHAIR OF COUNTY COMMISSION: \_\_\_\_\_